

County: Lincoln  
PINE CREST NURSING HOME  
2100 E SIXTH ST

Facility ID: 7180

Page 1

MERRILL 54452 Phone:(715) 536-0355  
Operated from 1/1 To 12/31 Days of Operation: 366  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/04): 180  
Total Licensed Bed Capacity (12/31/04): 180  
Number of Residents on 12/31/04: 175

Ownership:  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 169

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		32.0
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		48.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.6	Under 65	5.7	More Than 4 Years		20.0
Day Services	No	Mental Illness (Org./Psy)	26.3	65 - 74	6.3			-----
Respite Care	Yes	Mental Illness (Other)	1.7	75 - 84	30.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.6	85 - 94	44.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.3	95 & Over	13.7	Full-Time Equivalent		
Congregate Meals	No	Cancer	4.6		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	2.3		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	29.1	65 & Over	94.3	-----		
Transportation	No	Cerebrovascular	5.7		-----	RNs		9.2
Referral Service	No	Diabetes	9.7	Gender	%	LPNs		3.4
Other Services	No	Respiratory	6.9		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	10.3	Male	24.0	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	76.0			43.0
Provide Day Programming for			100.0		-----	-----		
Developmentally Disabled	No				100.0	-----		

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	3	2.0	140	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	1.7
Skilled Care	12	100.0	324	136	91.3	120	6	100.0	120	8	100.0	158	0	0.0	0	0	0.0	0	162	92.6
Intermediate	---	---	---	10	6.7	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	10	5.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		149	100.0		6	100.0		8	100.0		0	0.0		0	0.0		175	100.0

*****						
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	8.1	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	2.7	Bathing	0.0	48.6	51.4	175
Other Nursing Homes	3.6	Dressing	24.0	49.1	26.9	175
Acute Care Hospitals	82.0	Transferring	33.7	53.7	12.6	175
Psych. Hosp.-MR/DD Facilities	0.9	Toilet Use	29.1	39.4	31.4	175
Rehabilitation Hospitals	0.0	Eating	49.1	42.3	8.6	175
Other Locations	2.7	*****				
Total Number of Admissions	111	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	5.7		Receiving Respiratory Care	9.1
Private Home/No Home Health	10.8	Occ/Freq. Incontinent of Bladder	53.7		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	24.5	Occ/Freq. Incontinent of Bowel	18.9		Receiving Suctioning	0.0
Other Nursing Homes	1.0				Receiving Ostomy Care	0.6
Acute Care Hospitals	9.8	Mobility			Receiving Tube Feeding	1.7
Psych. Hosp.-MR/DD Facilities	1.0	Physically Restrained	5.7		Receiving Mechanically Altered Diets	24.0
Rehabilitation Hospitals	0.0					
Other Locations	6.9	Skin Care			Other Resident Characteristics	
Deaths	46.1	With Pressure Sores	6.3		Have Advance Directives	94.9
Total Number of Discharges		With Rashes	6.9		Medications	
(Including Deaths)	102				Receiving Psychoactive Drugs	55.4

\*\*\*\*\*  
Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

*****									
	This Facility %	Ownership: Government Peer %	Group Ratio	Bed Size: 100-199 Peer %	Group Ratio	Licensure: Skilled Peer %	Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.9	91.7	1.02	86.1	1.09	85.9	1.09	88.8	1.06
Current Residents from In-County	88.0	77.0	1.14	80.1	1.10	75.1	1.17	77.4	1.14
Admissions from In-County, Still Residing	45.9	23.6	1.94	19.9	2.31	20.5	2.25	19.4	2.37
Admissions/Average Daily Census	65.7	104.9	0.63	143.3	0.46	132.0	0.50	146.5	0.45
Discharges/Average Daily Census	60.4	104.7	0.58	144.8	0.42	131.4	0.46	148.0	0.41
Discharges To Private Residence/Average Daily Census	21.3	49.3	0.43	69.4	0.31	61.0	0.35	66.9	0.32
Residents Receiving Skilled Care	94.3	95.3	0.99	95.9	0.98	95.8	0.98	89.9	1.05
Residents Aged 65 and Older	94.3	87.8	1.07	93.5	1.01	93.2	1.01	87.9	1.07
Title 19 (Medicaid) Funded Residents	85.1	67.5	1.26	71.5	1.19	70.0	1.22	66.1	1.29
Private Pay Funded Residents	4.6	17.9	0.26	16.3	0.28	18.5	0.25	20.6	0.22
Developmentally Disabled Residents	0.6	0.8	0.69	0.7	0.86	0.6	0.99	6.0	0.09
Mentally Ill Residents	28.0	45.1	0.62	32.1	0.87	36.6	0.76	33.6	0.83
General Medical Service Residents	10.3	14.8	0.70	21.4	0.48	19.7	0.52	21.1	0.49
Impaired ADL (Mean)	49.6	49.0	1.01	48.7	1.02	47.6	1.04	49.4	1.00
Psychological Problems	55.4	61.8	0.90	55.2	1.00	57.1	0.97	57.7	0.96
Nursing Care Required (Mean)	6.1	7.1	0.85	7.9	0.77	7.3	0.83	7.4	0.82